

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALTY REVIEW	MH	5041920	02-12-01
RESPONSE FORMALTY REVIEW	AK	676	06/06/01

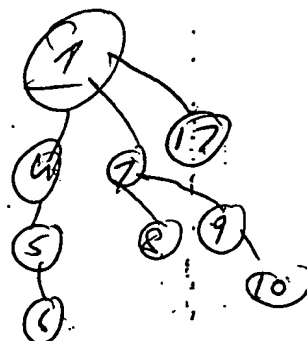
INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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W. H. L. 51

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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